24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	C C00553560
	G 00000000
check if 24-hour report 48-hour report New report Amends rep	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
FORTH RIGHT STRATEGY INC	09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1155 - 15TH STREET NW	Amount
SUITE 410	
City State Zip Code WASHINGTON DC 20005	11853.98 Transaction ID : SE.45892
	Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type 004	M 09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought:
WILLIAM HURD Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 68528.31	Disbursement For: Primary General 2016
Per Election for Office Sought 68528.31	Other (specify)
Full Name of Payee FORTH RIGHT STRATEGY INC	Date of Public Distribution/Dissemination
FORTH RIGHT STRATEGITING	09 09 7 2016
Mailing Address 1155 - 15TH STREET NW	Amount
SUITE 410	Amount
City State Zip Code	11853.98
WASHINGTON DC 20005	Transaction ID : SE.45893 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type 004	09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought:
MIA LOVE Oppose	President Senate State: UT
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 65869.98	2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 23707.96
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF CHIRCHIEZEG INdependent Experiorates	··· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Dat	te 09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE 2 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 24-hour report **✗** 48-hour report X New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 2016 09 09 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 11853.98 DC 20005 Transaction ID: SE.45894 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT MAIL** 004 09 09 2016 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose **X** Senate President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 63999.77 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount State City Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 11853.98 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 35561.94 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 10 2016 Date Signature